



ANNUAL STATEMENT
For the Year Ending December 31, 2012
OF THE CONDITION AND AFFAIRS OF THE
Meridian Health Plan of Michigan, Inc.

NAIC Group Code	4640 (Current Period)	4640 (Prior Period)	NAIC Company Code	52563	Employer's ID Number	38-3253977
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	12/31/1995		Commenced Business	12/31/1995		
Statutory Home Office	777 Woodward Ave. Suite 600 (Street and Number)		Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)			
Main Administrative Office			777 Woodward Ave. Suite 600 (Street and Number)			
	Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)				(313)324-3700 (Area Code) (Telephone Number)	
Mail Address	777 Woodward Ave. Suite 600 (Street and Number or P.O. Box)		Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			Same (Street and Number)			
	Same, , (City or Town, State, Country and Zip Code)				(313)324-3700 (Area Code) (Telephone Number)	
Internet Website Address	www.mhplan.com					
Statutory Statement Contact	Julie Secord (Name)		(313)324-3700 (Area Code)(Telephone Number)(Extension)			
	julie.secord@mhplan.com (E-Mail Address)		(313)202-1290 (Fax Number)			

OFFICERS

Name	Title
Jon B. Cotton	President/COO
Sean P. Cotton	Secretary/CLC
Janice Torosian	Treasurer/CFO

OTHERS

DIRECTORS OR TRUSTEES

George Ellis
Thomas Lauzon
Karie Pasternak

State of Michigan
County of Wayne ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Jon B. Cotton	(Signature) Sean P. Cotton	(Signature) Janice Torosian
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)
Subscribed and sworn to before me this day of , 2013	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[]
(Notary Public Signature)		

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
NONE						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
MeridianRx Pharmacy Rebate Receivable	265,940					265,940
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	265,940					265,940
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
State of Michigan - Maternity Receivable	6,685,154					6,685,154
State of Michigan - Capitation Receivable	5,188,565					5,188,565
CMS - Medicare Receivable	147,554					147,554
Other	6,797					6,797
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	12,028,070					12,028,070
0799999 Gross health care receivables	12,294,010					12,294,010

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
MeridianRx Pharmacy Claims Payable	5,530,475					5,530,475
CVS Caremark Pharmacy Claims Payable					1,313,201	1,313,201
0199999 Total - Individually Listed Claims Unpaid	5,530,475				1,313,201	6,843,676
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	86,162					86,162
0499999 Subtotals	5,616,637				1,313,201	6,929,838
0599999 Unreported claims and other claim reserves						94,451,264
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						101,381,102
0899999 Accrued Medical Incentive Pool and Bonus Amounts						2,365,797

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
	NONE						
0399999 Total gross amounts receivable .....	.....	.....	.....	.....	.....	.....	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
Caidan Management Company, LLC	HICA Medical Claims Tax payment reimbursement	1,773,533	1,773,533	
MeridianRx, LLC	HICA Pharmacy Tax payment reimbursement	159,294	159,294	
0199999 Total - Individually listed payables	X X X	1,932,827	1,932,827	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	1,932,827	1,932,827	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method		1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	247,603,082	30.341				247,603,082
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments	247,603,082	30.341				247,603,082
Other Payments:							
5.	Fee-for-service	98,431,914	12.062	X X X	X X X		98,431,914
6.	Contractual fee payments	459,183,494	56.267	X X X	X X X		459,183,494
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments	10,862,001	1.331	X X X	X X X		10,862,001
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	568,477,409	69.659	X X X	X X X		568,477,409
13.	TOTAL (Line 4 plus Line 12)	816,080,491	100.000	X X X	X X X		816,080,491

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
		N O N E			
9999999 Totals			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code 4640 NAIC Company Code 52563

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	290,587							153	290,434	
2. First Quarter	292,683							189	292,494	
3. Second Quarter	292,095							245	291,850	
4. Third Quarter	291,223							304	290,919	
5. Current Year	295,260							304	294,956	
6. Current Year Member Months	3,504,919							2,971	3,501,948	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	3,174,507							7,463	3,167,044	
8. Non-Physician	3,589,265							10,263	3,579,002	
9. TOTAL	6,763,772							17,726	6,746,046	
10. Hospital Patient Days Incurred	125,116							478	124,638	
11. Number of Inpatient Admissions	35,839							79	35,760	
12. Health Premiums Written (b)	959,152,821							3,877,840	955,274,981	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	957,354,646							3,875,431	953,479,215	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	816,080,491							3,139,013	812,941,478	
18. Amount Incurred for Provision of Health Care Services	821,306,622							3,462,979	817,843,643	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4640 NAIC Company Code 52563

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	290,587							153	290,434	
2. First Quarter	292,683							189	292,494	
3. Second Quarter	292,095							245	291,850	
4. Third Quarter	291,223							304	290,919	
5. Current Year	295,260							304	294,956	
6. Current Year Member Months	3,504,919							2,971	3,501,948	
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14. Property/Casualty Premiums Written										
15. Health Premiums Earned	957,354,646							3,875,431	953,479,215	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	816,080,491							3,139,013	812,941,478	
18. Amount Incurred for Provision of Health Care Services	821,306,622							3,462,979	817,843,643	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0999999 Total (Sum of 0399999 and 0699999)

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0799999 Total - Life and Annuity .....					.....	.....
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
16535	36-4233459 ...	07/01/2011	ZURICH AMER INS CO	NY	146,510 .....	.....
13989	98-0636926 ...	07/01/2011	SAXON RE LTD	MI	230,279 .....	.....
1199999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					376,789 .....	.....
1399999 Total - Accident and Health - Non-Affiliates					376,789 .....	.....
1499999 Total - Accident and Health					376,789 .....	.....
1599999 Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)					376,789 .....	.....
1699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999) .....					.....	.....
1799999 Total (Sum of 0799999 and 1499999)					376,789 .....	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
16535	36-4233459	07/01/2011	ZURICH AMER INS CO	NY	SSL/A/I	606,487						
13989	98-0636926	07/01/2011	SAXON RE LTD	MI	SSL/A/I	1,191,688						
0499999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						1,798,175						
0699999 Total - General Account - Authorized - Non-Affiliates						1,798,175						
0799999 Total - General Account Authorized						1,798,175						
1499999 Total - General Account - Unauthorized												
2199999 Total - General Account - Certified												
2299999 Total - General Account - Authrized, Unauthorized and Certified						1,798,175						
2999999 Total - Separate Accounts - Authorized												
3699999 Total - Separate Accounts - Unauthorized												
4299999 Total - Separate Accounts - Certified - Non-Affiliates												
4399999 Total - Separate Accounts - Certified												
4499999 Total - Separate Accounts - Authorized, Unauthorized and Certified												
4599999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1599993, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999)						1,798,175						
4699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1699999, 1999999, 2499999, 2799999, 3199999, 3499999, 3899999 and 4199999)												
4799999 Total (Sum of 2299999 and 4499999)						1,798,175						

33	Schedule S - Part 4	NONE
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34	Schedule S - Part 5	NONE
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35	Schedule S - Part 5 (continued)	NONE
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SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2012	2 2011	3 2010	4 2009	5 2008
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	2				
3. Title XIX - Medicaid	1,796	1,082	668	582	494
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	428	352	489	400	131
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	377	353	14	19	131
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers		X X X	X X X	X X X	X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		X X X	X X X	X X X	X X X
18. Funds deposited by and withheld from (F)		X X X	X X X	X X X	X X X
19. Letters of credit (L)		X X X	X X X	X X X	X X X
20. Trust agreements (T)		X X X	X X X	X X X	X X X
21. Other (O)		X X X	X X X	X X X	X X X

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	177,302,965		177,302,965
2. Accident and health premiums due and unpaid (Line 15)			
3. Amounts recoverable from reinsurers (Line 16.1)	376,789	(376,789)	
4. Net credit for ceded reinsurance	X X X	376,789	376,789
5. All other admitted assets (Balance)	13,892,219		13,892,219
6. TOTAL Assets (Line 28)	191,571,973		191,571,973
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	101,381,102		101,381,102
8. Accrued medical incentive pool and bonus payments (Line 2)	2,365,797		2,365,797
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	5,844,574		5,844,574
15. TOTAL Liabilities (Line 24)	109,591,473		109,591,473
16. TOTAL Capital and Surplus (Line 33)	81,980,500	X X X	81,980,500
17. TOTAL Liabilities, Capital and Surplus (Line 34)	191,571,973		191,571,973
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	376,789		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	376,789		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance	376,789		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
						6 Totals
1.	Alabama (AL)					
2.	Alaska (AK)					
3.	Arizona (AZ)					
4.	Arkansas (AR)					
5.	California (CA)					
6.	Colorado (CO)					
7.	Connecticut (CT)					
8.	Delaware (DE)					
9.	District of Columbia (DC)					
10.	Florida (FL)					
11.	Georgia (GA)					
12.	Hawaii (HI)					
13.	Idaho (ID)					
14.	Illinois (IL)					
15.	Indiana (IN)					
16.	Iowa (IA)					
17.	Kansas (KS)					
18.	Kentucky (KY)					
19.	Louisiana (LA)					
20.	Maine (ME)					
21.	Maryland (MD)					
22.	Massachusetts (MA)					
23.	Michigan (MI)					
24.	Minnesota (MN)					
25.	Mississippi (MS)					
26.	Missouri (MO)					
27.	Montana (MT)					
28.	Nebraska (NE)					
29.	Nevada (NV)					
30.	New Hampshire (NH)					
31.	New Jersey (NJ)					
32.	New Mexico (NM)					
33.	New York (NY)					
34.	North Carolina (NC)					
35.	North Dakota (ND)					
36.	Ohio (OH)					
37.	Oklahoma (OK)					
38.	Oregon (OR)					
39.	Pennsylvania (PA)					
40.	Rhode Island (RI)					
41.	South Carolina (SC)					
42.	South Dakota (SD)					
43.	Tennessee (TN)					
44.	Texas (TX)					
45.	Utah (UT)					
46.	Vermont (VT)					
47.	Virginia (VA)					
48.	Washington (WA)					
49.	West Virginia (WV)					
50.	Wisconsin (WI)					
51.	Wyoming (WY)					
52.	American Samoa (AS)					
53.	Guam (GU)					
54.	Puerto Rico (PR)					
55.	U.S. Virgin Islands (VI)					
56.	Northern Mariana Islands (MP)					
57.	Canada (CAN)					
58.	Aggregate other alien (OT)					
59.	TOTALS					

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
.....	00000	52-2422207	.....	.....	.....	Caidan Enterprises, Inc. ....	.. MI .	... UIP ..	David B. Cotton	Ownership, Board of Directors .....	..... 32.4	David B. Cotton .....	.....
.....	00000	26-4004578	.....	.....	.....	Caidan Holding Company, Inc. ....	.. MI .	... UDP ..	Caidan Enterprises, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.....
.....	0000	26-4004494	.....	.....	.....	Caidan Management Company, LLC .....	.. MI .	... NIA ..	Caidan Enterprises, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.....
.....	0000	38-3360283	.....	.....	.....	Health Management, Inc .....	.. MI .	... NIA ..	Caidan Enterprises, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.....
.....	00000	27-1339224	.....	.....	.....	MeridianRx, LLC .....	.. MI .	... NIA ..	Caidan Enterprises, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.....
4640	13189	20-3209671	.....	.....	.....	Meridian Health Plan of Illinois, Inc .....	.. IL .	... IA ...	Caidan Holding Company, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.....
4640	14145	45-1749180	.....	.....	.....	Meridian Health Plan of Iowa, Inc .....	.. IA .	... NIA ..	Caidan Holding Company, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.....
4640	14228	36-4717033	.....	.....	.....	Granite Care - Meridian Health Plan of New Hampshire, Inc .....	.. NH .	... IA ...	Caidan Holding Company, Inc.	Ownership .....	..... 100.0	David B. Cotton .....	.....

Asterisk	Explanation
0000001	

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 52563 ..	.. 38-3253977 ..	MERIDIAN HLTH PLAN OF MI INC .....					.. (194,089,728)	.....	.....	.....	.. (194,089,728)	.....
.. 13189 ..	.. 20-3209671 ..	MERIDIAN HLTH PLAN OF IL INC		500,000			.. (1,687,378)	.....	.....	.....	.. (1,187,378)	.....
.. 14145 ..	.. 45-1749180 ..	MERIDIAN HLTH PLAN OF IA INC		250,000			.. (604,329)	.....	.....	.....	.. (354,329)	.....
.. 00000 ..	.. 26-4004494 ..	CAIDAN MANAGEMENT COMPANY, LLC .....					.. 98,184,964	.....	.....	.....	.. 98,184,964	.....
.. 00000 ..	.. 27-1338224 ..	MERIDIAN RX .....					.. 98,196,471	.....	.....	.....	.. 98,196,471	.....
.. 00000 ..	.. 26-4004578 ..	CAIDAN HOLDING COMPANY		(750,000)				.....	.....	.....	.. (750,000)	.....
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
 - 2. Will an actuarial opinion be filed by March 1? Yes
 - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
 - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes

- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
 - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
 - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes

- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
 - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes

- AUGUST FILING
- 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
 - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
 - 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
 - 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
 - 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
 - 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
 - 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
 - 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No

- APRIL FILING
- 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
 - 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
 - 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
 - 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? No
 - 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? No

- AUGUST FILING
- 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit

5256320123600000 2012 Document Code: 360

Health Life Supplement

5256320122050000 2012 Document Code: 205

Health Property / Casualty Supplement

5256320122070000 2012 Document Code: 207

Schedule SIS

5256320124200000 2012 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

5256320123710000 2012 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

5256320123700000 2012 Document Code: 370

Medicare Part D Coverage Supplement

5256320123650000 2012 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner

5256320122240000 2012 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA

5256320122250000 2012 Document Code: 225

Approval for Relief related to Require. for Audit Committees

5256320122260000 2012 Document Code: 226

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

LTC Supplemental Interrogatorries



52563201230600000

2012

Document Code: 306

Analysis of Annuity Operations by Lines of Business



52563201221400000

2012

Document Code: 214

Health Property/Casualty Supplement - Insurance Expense Exhibit



52563201221300000

2012

Document Code: 213

Supplemental Health Care Exhibit



52563201221600000

2012

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



52563201221700000

2012

Document Code: 217

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
2504.				
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
2904.			
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2
	Current Year	Prior Year
4704.		
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)		

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